Mineral water bottles

1105. SHRIMATI ILA PANDA : Will be the Minister of HEALTH AND FAMILY WELF A P E be pleased to state :

(a) whether Government's attention has been drawn to UNI Report dated 26th December 1993 that more than 65 per cent of the mineral water bottles on sale are not upto the mark; and

(b) whether Government have examined the study carried out in this regard by Shriram Institute for Industrial Research and what are its findings ?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND) : (a) and (b) Yes, Sir. The findings have been received and are under examination.

Kant Mortality

1106. DR. NAUNIHAL SINGH : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) what is the number of children below five years of age who die in India per 1,000 births during the last three years.

(b) whether it is a problem of nutrition, malnourishment, lack of food or lack of healthy food which, causes premature deaths;

(c) what percentage of children born in lndia suffer under each category mentioned above and the reasons therefor; and

(d) what steps Government have taken to overcome this predicament ?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B.SHANKAR. ANAND) : (a) As per Sample Registration System (SRS) the, estimated child mortability (below 5 years of age) per thousand population was 29.9, 26.3 and 26.5 in 1989,1990 and 1991 respectively.

(b) and (c) According to the National Nutrition Monitoring Bureau in 1991-92 45.1 % of the children between 1—5 years suffered from moderate and 11.10% from severe malnutrition. Malnutrition andinfections like respiratory infections, diarrhoeal diseases conribute to the mortality in children under liv

(d) Immunization, management of diarrhoeas and pneumonia, prophylaxis of anaemia and Vitamin A deficiency, lodine deficiency control programme, promotion of breast feed, ing, supplementary nutrition programmes, birth spacing and strengthening of antenatal, natal and post natal care are being implemented to reduce morbidity are mortality rates in children.

Harmful Ingredients in Children's Medicines

1107. DR. ISHWAR CHANDRA GUPTA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether a recent survey conducted by a Professor or Davangere Medical College, Karnataka, it has been revealed that children's medicines in the country have a high context of alcohol, colours and flavours, causing sugar and allergy;

(b) what are the effects of these ingredients on children; and

(c) what steps are being taken the dangerous ingredients from the medicines.

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND) : (a) and (b) The survey has interalia concluded that the adverse reactions caused by additives in medicines needs further examination. However, no specific reactions on children in India have been reported in the study.

(c) The State Drug Controllers have been asked to investigate the extent of use of additives and their adverse reactions if any.

Population of the Country

1108. SHRI PARMESHWER KUMAR AGARWALLA : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) what is the latest figure of population of our country;

(b) what has been the growth rate (i) at the time of independence (ii) completion of each census (iii) at present; and

(c^what are the details of the Budgetary provisions made during the last three years vis-a-vis, results achieved in controlling'this growth rate ?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND) : (a) 846,302,688 as per *1991* Census.

(b) A statement is enclosed *(See* below) :

Year	Budgetary Provisions (Rs. in Lakhs)
1990-91	68,484
1991-92	86,511
1992-93	105,130

As per SRS estimates, natural growth rate of population in the country has declined from 2.03% in 1989 to 1.90% (provisional; in 1992.

Statement

(i) The population growth rate at the time of independence was about 1.25% per annum.

(ii) & (iii)

Census Period	Average Annual Exponential Growth Rate (M)
1901--11	0.56%
1911—21	—0.03%
1921—31	1.04
1931—41	1.33
1941—51	1.25%
1951—61	1.96%
1961—71	2.20%
1971—81	2.22%
1981—91	2.14%
1992(SRS)	1.90$

$Natural Growth Rate obtained as difference between annual Sample Registration System (SRS) birth and death rates estimates (provisional).

Development of Ayurveda

11M. SHRI IQBAL SINGH : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether Government have taken note of the remarks of the Hon'ble Prime Minister of India while inaugurating the 54th plenary session of the All India Ayurved Congress in Nagpur that there is need to strengthen the traditional stream of medicine by compiling all knowledge lying scattered in bits and pieces across the country ;

(b) if so, what steps are being contemplated to create a separate Ministry for Ayurveda to ensure speedier development of this science; and

(c) how the teachers and practitioners are to be encouraged to bring about a certain standardisation of their curricula and profession ?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND) : (a) and (b) Stepes are being takan for organisational strengthening at the Central level and increased allocations, for schemes for the development of Ayurveda

(c) The Central Council of Indian Medicine has been set up to regulate and enforce standards of education.

1110. *[Transferred to the* 17*th March,* 1994].

Spread of Aids in the Country

1111. SHRI GHUFRAN AZAM : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to stale :

(a) whether the world Health Organisation has stated that AIDS should be declared a public health emergency in India;

(b) if so, whether it is a fact that as per the report of the WHO, the AIDS is spreading in the country; and

(c) if so, the steps taken by Government to check the spread of this disease ?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND) : (a) and (b) The spread of HIV transmission in the country has been causing concern.

(c) The strategy to prevent and control the spread of epidemic consists of generation of awareness among the public, especially the high risk behaviour groups for safe sex; promotion of blood safety and rational use of blood; prevention and control of sexually